

State of Idaho Emergency Medical Services Bureau Provider Application Form

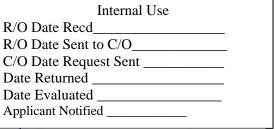


Level Applied For: First Responder EMT-Basic Advanced EMT-A (\$35.00 fee) EMT-Paramedic (\$35.00 fee)								
Type:	25.00 fee for AEMT-A and EMT-P) Reinst	atement Reversion	n Ambulance Rat	ting (complete back) [Reciprocity			
Applicant Information:								
Social Security #	Date of Birth / /	Drivers Licen	se #	DL Sta	e			
Name				Gender 🗌 F	☐ M			
Last Name First Name Middle Name/Initial								
Mailing Address								
City	State	Zip	County _					
Home Phone #	ome Phone # Cell Phone #							
E-Mail Address Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8								
Affiliation: Agency Name			Agenc	ey License #				
Agency Chief/Director/President Signature Printed Name								
Additional Licensed EMS Affiliations:								
Check all circumstances in which you will use this certification: <u>Volunteer</u> <u>Career</u>								
☐ True ☐ Full Time								
	Con	npensated	Part Time					
Applicant Signature: I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.								
Signature of Applicant			Date signed					
	For Bureau	Use Only						
Received in RO Complete	CHC Scan Date (PROV) CHC Complete Date (FULL)	First Responder/Basic		Advanced, Intermediate and Paramedic				
	NR Written Date NR Practical Date Ambulance Rating (if AEMTA)	Test Date 4/03-9/03 10/03-3/04 4/04-9/04	Expiration 9/30/2006 3/31/2007 9/30/2007	Test Date 4/04-9/04 10/04-3/05 4/05-9/05	Expiration 9/30/2006 3/31/2007 9/30/2007			
Received in C&L Complete	Date Included Cert. Fee Rcvd Date Approval Date/Initial Entered into Database Date Sent to CO Previous ID State Certification	10/04-3/05 4/05-9/05 10/05-3/06 4/06-9/06 10/06-3/07 4/07-9/07 10/07-3/08 4/08-9/08	3/31/2008 9/30/2008 3/31/2009 9/30/3009 3/31/2010 9/30/2010 3/31/2011 9/30/2011	10/05-3/06 4/06-9/06 10/06-3/07 4/07-9/07 10/07-3/08 4/08-9/08	3/31/2008 9/30/2008 3/31/2009 9/30/2009 3/31/2010 9/30/2010			

IDAHO CERTIFICATION VERIFICATION REQUEST

PAGE 1 OF THIS FORM MUST BE COMPLETED BY THE APPLICANT.

AMF:			
(11VIL).	First	Last	M.I
LSO KNOWN AS:	Alias, Maiden or Nick	names	
AILING ADDRES	S:		
	City	State	Zip
nereby authorize the		LIATION: EMS credentiacument.	
nereby authorize the	e state of ested on Page 2 of this do	EMS credentia	
nereby authorize the e information reque	e state of ested on Page 2 of this doo Number	EMS credentia	
nereby authorize the e information requestration/License	e state ofested on Page 2 of this doc Number	EMS credentia	aling agency to furnis







APPLICANT NAME		
APLLICANT DATE OF BIRTH	APPLICANT SS#	
THIS FORM MUST BE COMPLETED BY	THE STATE EMS CREDENTI	ALING AUTHORITY
1. STATUS OF CERTIFICATION/LICENSURE		
EMS LEVEL:		
CERTIFICATION / LICENSE #:		
EXPIRATION DATE:		
2. HAS YOUR STATE TAKEN ANY DISCIPLIN A SUSPENSION, PROBATION, REVOCATION LICENSURE? IF YES, PLEASE DESCRIBE (Use Attachment if notes that the sum of the	eeded);	S CERTIFICATION OR □ YES □ NO
3. IS THIS INDIVIDUAL CURRENTLY UNDER	R INVESTIGATION BY YO	
IF YES, UPON COMPLETION OF INVESTIGATI THE OUTCOME AND ANY DISCIPLINARY AC	ON, PLEASE NOTIFY THE	
I hereby certify that the above information is true an	d correct recorded by this offi	ice.
Signature	Name (print)	
Title		7
Agency Name		
Date		
Please fax Page 2 to 208-334-4015 or mail to: Idaho EMS Bureau 590 W. Washington St.	State Board or Seal	IDAHC E·M·S



Attn: Credentialing Manager